

Case Number:	CM15-0041355		
Date Assigned:	03/11/2015	Date of Injury:	12/06/1996
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male with an industrial injury dated December 6, 1996. The injured worker diagnoses include posttraumatic degenerative changes and osteoarthritis primarily the patellofemoral joint. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/17/2015, the treating physician noted that the injured worker continues to have left knee pain with occasional swelling, pain and crepitus with range of motion. He was noted to still require the use of a cane. The treating physician noted that the x-ray of the left knee from February 2015 revealed only minimal degenerative changes with no narrowing of joint space. Physical exam revealed palpable crepitus with range of motion from primarily mostly patellofemoral with no significant effusion. Treatment plan consists of conservative treatment and injection for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One Synvisc injection for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hyaluronic Acid Injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient has failed conservative therapy. The patient has met the criteria as set forth above and therefore the request is medically necessary.